

CA School for the Blind                      Department of Rehabilitation  
STUDENT APPLICATION FORM  
SUMMER TRANSITION EDUCATION PROGRAM (STEP)  
Session: **July 9 – July 29, 2017**

**Instructions:**

Fill in all lines, if not applicable write N/A.

The application has **7** pages. Be sure to return all pages.

Please **do not** do any of the medical requirements until you receive a letter of acceptance. There have been times when we have had more applications than placement positions.

You must obtain your Rehab Counselor's signature to apply.

**Student's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Date of birth** \_\_\_\_\_ **Place of birth** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Sex:** Male    Female

**Home Address** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Emergency Phone #** \_\_\_\_\_

**Parent/Guardian's Name** \_\_\_\_\_

**Home Address/City (include zip code)** \_\_\_\_\_  
\_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**VI Teacher's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**VI Teacher's E-mail address** \_\_\_\_\_

**Cause of Visual Impairment** \_\_\_\_\_

**Age at onset of legal blindness** \_\_\_\_\_ **Prognosis** \_\_\_\_\_

Visual Acuity: right (OD):\_\_\_\_\_ left eye (OS) \_\_\_\_\_ Both (OU) \_\_\_\_\_

Field Restriction: No \_\_\_\_\_ Yes \_\_\_\_\_ Type \_\_\_\_\_

Assistive Devices: No \_\_\_\_\_ Yes \_\_\_\_\_ Type \_\_\_\_\_

Other impairments (please list) \_\_\_\_\_

Physical restrictions \_\_\_\_\_

Physical/Assistive needs: attendant \_\_\_\_\_ guide dog \_\_\_\_\_ walker \_\_\_\_\_  
wheelchair \_\_\_\_\_ other \_\_\_\_\_ (\_\_\_\_\_)

Medical Needs \_\_\_\_\_

Are you taking medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list \_\_\_\_\_

What is the medication for? \_\_\_\_\_

Do you need help with your medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type of help do you need? \_\_\_\_\_

Special Meal Accommodations? Pork/Vegetarian: Yes \_\_\_\_\_ No \_\_\_\_\_

Allergies? \_\_\_\_\_ Motion Sickness Yes \_\_\_\_\_ No \_\_\_\_\_

Are you conserved? Yes \_\_\_\_\_ No \_\_\_\_\_

List the classes you are presently taking \_\_\_\_\_

Grade in School, Fall semester 2017 \_\_\_\_\_

What media do you use? Braille \_\_\_\_\_ Large Print \_\_\_\_\_ Tape \_\_\_\_\_

Do you use grade two Braille? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you use a slate and stylus? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you use electronic text? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your vocational goal? \_\_\_\_\_

What are you planning to do after high school graduation?

Trade School \_\_\_\_\_

Community College \_\_\_\_\_

4 year College \_\_\_\_\_

Other (Explain) \_\_\_\_\_

Don't Know \_\_\_\_\_

If you plan to go to college, which college or university do you plan to attend?

\_\_\_\_\_

Which college or university has accepted you? \_\_\_\_\_

What careers are you interested in job shadowing?

1<sup>st</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

3<sup>rd</sup> choice \_\_\_\_\_

Do you play an instrument? \_\_\_\_\_ sing \_\_\_\_\_ dance \_\_\_\_\_

Do you read poetry? \_\_\_\_\_ Do you read short stories? \_\_\_\_\_

Do you write poetry? \_\_\_\_\_ Do you write short stories? \_\_\_\_\_

What sports do you play? \_\_\_\_\_

What sports do you watch? \_\_\_\_\_

What is your skill level in the water? \_\_\_\_\_

We offer the following classes: Daily Living Skills, Computer Technology, Career Awareness/Exploration and Orientation & Mobility. Classes, seminars and activities are not an option; students are expected to participate in **all** classes, seminars and activities.

If you do not need to learn any additional skills or refinement of skills in **all** of the above areas, this is not the program for you.

	List 3 skills you have	List 3 skills you need
Career Awareness/ Exploration	1. 2. 3.	1. 2. 3.
Computer Technology	1. 2. 3.	1. 2. 3.
Daily Living Skills	1. 2. 3.	1. 2. 3.
Orientation & Mobility	1. 2. 3.	1. 2. 3.

List one specific skill you want to learn in STEP 2017	
Career Awareness/Exploration	
Computer Technology	
Daily Living Skills	
Orientation & Mobility	

We also have evening seminars that include, but are not limited to the following: social skills, social security needs, time management, dance class, self-advocacy, swimming, art, etc.

We ask students to bring clothing appropriate for school. No tank tops, short shorts, or low cut tops or dresses. Clothing must be free of profanity, slurs, sexual, drug or drinking innuendos. You need at least 1 dressy outfit for your Job Shadowing experience. Weather is usually warm, but bring at least 1 coat in case of cold weather. Your shoes should be comfortable for walking because you will be doing a lot of walking.

If arrangements can be made, we hope to have a kayaking experience which includes staying overnight at Angel Island. Bring a sleeping bag.

There will also be a sailing event from Alameda to the Golden Gate Bridge.

**These are not optional events, unless you have a documented medical issue.**

### **Very Important Note:**

1. Upon **acceptance into the program** you must provide a copy of your TB test taken within 18 months of entry into the program. Test must be taken after **January 9, 2016** It must be a PPD (Mantoux) test. **You must mail proof of test before you arrive for the program.**
2. You must sign the medical authorization form and return it.
3. All medication must be in its original bottle/packet with instruction on the container.
4. All medication must be taken to the Student Health Unit on the 1<sup>st</sup> Monday of the program, unless you have a statement from your physician stating you can administer your own medicine.
5. If you are over 18 you may ask your physician to sign the self medication form that states you are able to be responsible for your own medication. If you are over 18, the parent signature is to note acknowledgement that you have discussed the form with them. Self medication form (page 8 & 9).